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## BIB DATA SHEET

CONFIRMATION NO. 5748

<b>SERIAL NUMBER</b> 10/659,211	<b>FILING or 371(c) DATE</b> 09/09/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> END01US	
<b>APPLICANTS</b> Brian Kelleher, Ramona, CA; Corbett Stone, Poway, CA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/409,838 09/09/2002 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 12/11/2003					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and /VICTORIA P Acknowledged CAMPBELL/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 44	<b>TOTAL CLAIMS</b> <del>48</del> 21	<b>INDEPENDENT CLAIMS</b> <del>2</del> 3
<b>ADDRESS</b> MERLE W. RICHMAN, III P.O. BOX 3333 LA JOLLA, CA 92038 UNITED STATES					
<b>TITLE</b> Device and method for endoluminal therapy					
<b>FILING FEE RECEIVED</b> 967	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		